

INFLUENZA SURVEILLANCE: SPECIMEN SUBMISSION FORM
WILLIAM A. HINTON STATE LABORATORY INSTITUTE
 305 SOUTH STREET, JAMAICA PLAIN, MA 02130-3597
 Phone: 617-983-6200

**DO NOT
USE THIS
SPACE**

PRINT, LABEL OR STAMP:

COMPLETE ONE FORM PER SPECIMEN

1. Submitting Facility (Receives Test Result): sentinel site <hr/> Facility / Laboratory Name <i>(required)</i> <hr/> Street Address <hr/> City, State Zip <hr/> Phone # Secure Fax #:	2. Patient Info: <hr/> Last Name, First Name <hr/> Street Address <hr/> City, State Zip <hr/> Patient ID: Phone #:
3. Ordering Clinician/ Phone#: <hr/> Clinician Name Phone number#	4. Sex: M F Other Date of Birth: _____ 5. Race: (Check One) American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Pacific Islander Other 6. Ethnicity: Hispanic or Latino Non-Hispanic or Latino

7. Test Requested: *(select one test per form)*
 Influenza Typing (PCR /Conventional)
 Respiratory Viral Panel

8. Collection Date: *(required)* _____

9. Source of Specimen: <i>(required; one form per specimen)</i> Nasopharyngeal swab (NP swab)- [preferred specimen type] Nasal aspirate (NA) Nasal wash (NW) Tracheal aspirate (TA) Bronchoalveolar lavage (BAL) Bronchial wash (BW) Lung tissue: post-mortem	10. Culture: <i>(complete for isolates submitted)</i> Date of Initial Culture: _____ Date of Subculture: _____ Sample Treated Y N If yes, how:
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11. Additional Patient Information:

Symptoms: fever cough sore throat Other (detail)	Date of Symptom Onset <i>(required)</i> : _____										
Is patient hospitalized or going to be hospitalized? YES NO Is the patient pregnant? YES NO Is patient a health care worker? YES NO											
Other Laboratory Test Results: Date: _____	<table style="width:100%;"> <tr> <td style="width:50%;"><u>RESULT</u></td> <td style="width:50%;"></td> </tr> <tr> <td>none</td> <td>A + Other _____</td> </tr> <tr> <td>Rapid Flu</td> <td>B +</td> </tr> <tr> <td>DFA</td> <td>A/B+</td> </tr> <tr> <td>PCR</td> <td>NEG</td> </tr> </table>	<u>RESULT</u>		none	A + Other _____	Rapid Flu	B +	DFA	A/B+	PCR	NEG
<u>RESULT</u>											
none	A + Other _____										
Rapid Flu	B +										
DFA	A/B+										
PCR	NEG										
MDPH Epi Consult (name): _____ (Contact the MA Immunization Program at 617-983-6800)											

DO NOT FREEZE KITS